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Bib Data Sheet

CONFIRMATION NO. 2544

<b>SERIAL NUMBER</b> 09/819,458	<b>FILING DATE</b> 03/27/2001 <b>RULE</b> 1.47	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 2409.3273.3US
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**APPLICANTS**  
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Michael R. Leblanc, Mississauga, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/139,705 08/25/1998 PAT 6,206,849  
WHICH IS A CON OF 08/481,169 06/07/1995 PAT 5,797,869  
WHICH IS A CON OF 08/205,331 03/03/1994 PAT 5,472,417  
WHICH IS A CON OF 07/785,351 10/30/1991 ABN  
WHICH IS A CON OF 07/288,364 12/22/1988 PAT 5,195,962 \*  
(\* ) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
CANADA 555076 12/22/1987

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 05/07/2001 /**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 9	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

**ADDRESS**  
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**TITLE**  
Multiple lumen catheter

<b>FILING FEE RECEIVED</b> 862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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